

Hawaii MARINE SPORTS

HAWAII MARINE C SECTION

OCTOBER 5, 2007



Chester Avery, Raiders' runningback, stiff arms a Warriors' defender, deflecting a tackle as he rushes down field for yards at an Intramural Tackle Football League game at Camp Smith's Bordelon Field, Sept. 26.

Raiders run over Warriors, 19-3

Story and Photos by
Pfc. Ronald W. Stauffer

Combat Correspondent

The Camp Smith Raiders battered the Headquarter's Battalion Warriors, 19-3, in an Intramural Tackle Football League game at Camp Smith's Bordelon Field, Sept. 26.

With home field advantage and superior defense, the Raiders battled their way down the field and ensured a victory in the last half.

Before the game, both coaches were confident in their players and eager to get started.

"We've played all three teams already, so we should do fine, because we know what to expect," said Harold Wallace, Warrior's head coach. "We're going to play hard and play to the whistle."

Charles Cook, Raiders' cornerback, pumped his team up by yelling the phrase, "Where are we!" on the Raiders sidelines.

In a mighty roar the rest of the team replied, "Our house!"

Both teams struggled for yards and downs from the start, but both teams' defense suppressed the other's offense.

Edward Smith, Warriors' running back, had two consecutive rushes for major yardage, but at the end of the first quarter, neither team scored.

"You have to step up and get those blocks," said Rodney McCullough, Raiders' offensive line coach, while talking to his players

The Warriors finally put the ball within field goal range late into



Tailgating fans cheer for the undefeated Raiders at an Intramural Tackle Football League game at Camp Smith's Bordelon Field, Sept 26.

See FOOTBALL, C-6

Combat driver fatigue

Perry Lockhart

LIFELines

Liberty call should not be a call to death. Unfortunately, too many Marines and Sailors fall into death's hands every year in pursuit of liberty and leave. More die or are injured each year in off-duty vehicle accidents than by any other means, according to Department of Navy statistics.

At every safety stand down, every pre-holiday command brief and every liberty call, commanders stress the dangers of the road. They talk about dangers as obvious as drinking and driving, driving in bad weather and speeding. They encourage safe driving habits and making sure the driver gets enough rest before venturing out.

The nature of military service is to work through exhaustion and to accomplish the mission — whatever it takes. Service members become used to working long, arduous hours with little sleep. But when they attempt to translate that into a rush to liberty in some far-off place, they end up risking their lives and the lives of others.

Asleep at the Wheel

One in five Americans has dozed off while driving, according to the American Automobile Association. Eighty percent of Americans falsely believe they can predict when they're about to fall asleep. Researchers report that tired drivers can fall asleep without warning, often sinking into short five-second sleep bursts called micro-sleeps. In five seconds, at 55 mph, a car will travel more than the length of a football field.

Driving tired is as deadly as driving after drink-

See FATIGUE, C-6

Wind Jammers blow Easyriders away, 20-1

Story and Photos by
Lance Cpl. Brian A. Marion

Combat Correspondent

The Fleet Logistics Squadron 51 Wind Jammers blew past the Helicopter Anti-Submarine Squadron Light 37 EasyRiders, 20-1, in an Intramural Softball League regular season game here Tuesday at Annex Field.

The game was "mercy ruled" in the third inning after the Wind Jammers scored their final 10 points of the game.

Before the game, Glen Wise, Wind Jammers' coach, felt confident of victory.

"We've practiced since two months before the sea-



Brandon Sanderson, Helicopter Anti-Submarine Squadron Light 37 EasyRiders batter, looks with anticipation toward the ball as he waits to strike with the bat during an Intramural Softball League regular season game. The EasyRiders lost the game 20-1.

son started," Wise said. "We are trying to make sure that our new guys will mesh with our returning players and work together as a team."

The first inning started with the Wind Jammers driving in five unanswered points before the EasyRiders took the field.

The EasyRiders were quickly overwhelmed by the Wind Jammers' outfield's

See SOFTBALL, C-7

Negative trends in lung disease affecting diverse populations

Press Release

American Lung Association

Diverse Communities throughout the United States continue to be disproportionately affected by specific lung diseases such as asthma, tuberculosis, lung cancer and chronic obstructive pulmonary disease, and/or have more risk factors such as genetic predisposition, poor living conditions, and unequal access to healthcare and medications, according to the American Lung Association State of Lung Disease in Diverse Communities 2007 report.

"One alarming trend we see reflected in our research is that diverse communities are especially vulnerable to asthma and other breathing problems linked to both indoor and outdoor air pollution because many of these diverse groups often reside in high pollution areas," said Dr. Norman Edelman, chief medical officer, American Lung Association. "It's just one example of the magnitude of lung disease within diverse communities all across America and increasing understanding of the complex risk factors that cause or contribute to lung disease."

During the past 20 years, air quality levels for pollutants have improved in the United States. However, about 141 million tons of air pollution were released in the air in 2005 and approximately 122 million people in the United States lived in counties that did not meet standards set by the U.S. Environmental Protection Agency.

See TRENDS, C-7

ONGOING SPORTS BRIEFS

Parents for Fitness

The Parents for Fitness Program is a cooperative babysitting effort available at the Semper Fit Center, here for all active duty service members and their families. The PFFP participants are required to volunteer babysit three times per month and is open for children 6 weeks and older.

For more information, contact Dana at 235-8901.

Deep-Sea Fishing Charters Offered at Base Marina

Fishermen searching for convenient access to deep-sea charters need look no further than the Base Marina. Bill Collector Fishing Charters offers numerous charter packages accommodating up to six passengers.

Avoiding the traffic and crowd of Oahu's South Shore, Bill Collectors charters fish from the uncrowded waters of Windward Oahu.

For more information or to charter the Bill Collector, contact the Base Marina at 257-7667 or 254-7666.

Campground and Picnic Sites

For picnic and campsites, Marine Corps Base Hawaii offers some of the most scenic beaches on the island.

Three of those beaches, Pyramid Rock, Hale Koa and Fort Hase, are available by reservation from dawn to dusk. Hale Koa Beach is available for overnight camping, but requires a reservation.

For more information, contact 254-7666 for Kaneohe or 477-5143 for Camp Smith.

Okinawa Kenpo Karate

Every Tuesday and Thursday, join Youth Activities' contractor for Kenpo Karate Kobudo classes from 6 to 7:30 p.m., in Building 1391, located behind the old 7-Day Store.

Adults and children are welcome. Cost is \$35 for adults, \$25 for children, and \$20 for additional family members.

For more information, contact Youth Activities at 254-7610.

Paintball Hawaii

Nestled behind the Lemon Lot stands Paintball Hawaii. Shoot over for great deals and have a blast with your friends.

Cost is \$25 per person and includes one air refill, equipment and the field fee. The field is open weekends from 9 a.m. to 5 p.m.

For more information or to schedule an appointment, call 265-4283.

K-Bay Lanes

K-Bay Lanes offers economical entertainment Mondays through Thursdays. All E-1s to E-5s pay \$1.75 for games and .50 cents to rent shoes.

For more information, contact K-Bay Lanes at 254-7693.

K-Bay Lanes Color Pin Special

Every Wednesday, when you roll a strike and a colored pin is in the headpin position, you can win up to three free games of bowling. All patrons are welcome to take advantage of this deal. If you make the play, you win!

For more information, contact K-Bay Lanes at 254-7693.

Personal Trainers Available at Semper Fit

For those looking to get into a tailored exercise regiment, or just looking for good advice on weight management and weight control, the Semper Fit Center offers free personal training consultation.

You can schedule an appointment with a trainer who will take body-fat measurements, blood-pressure and heart-rate readings.

They will do all this and tailor a program, based on your physical needs and ambitions.

For only \$5 per workout, a professional trainer will actually work with you to ensure maximum efficiency.

Pick up a personal training appointment card at the Semper Fit Center now.

For more information, contact the Semper Fit Center at 254-7597.

Semper Fit Center Offers Array of Group Exercise Programs

Semper Fit Center announces a new and expanded aerobics program. These new classes include a variety of workouts.

The class schedule for Fridays is as follows:

8:45 to 10 a.m.
Step Challenge

11:45 a.m. to 12:15 p.m.
Gut Cut

4:45 to 5:45 p.m.
Cycling

5:45 to 6:45 p.m.
Pilates

7 to 9 p.m.
Aikido

Good rubs: Semper Fit offers massages

Lance Cpl. Brian A. Marion

Combat Correspondent

Tired of the aches and pains of knotted shoulders? Tired of tense muscles after a strenuous workout? Luckily, the Semper Fit Center here offers massages to relieve those kinks and aches.

The Semper Fit Center continues to offer various types of massages to military personnel, family members and civilian employees.

The gym's massage therapists are available seven days a week, they know their business.

"Most of us are trained in all the styles, but we like certain ones more than others," said Debbie Mench, massage therapist. "The types I like to use are myofacial release, trigger point therapy, deep tissue massage, Swedish and pregnancy massages."

Myofacial release works on breaking up scar tissue and loosening up the adhesions in connective tissue.

"Every muscle tends to have some elasticity to it, but sometimes, the muscle fails to relax all the way," Mench said. "What we attempt to do with myofacial release is to stretch the muscle some, which lengthens the muscle and improves the range of motion within the muscle."

Trigger point therapy involves targeting specific knots in shoulders to help relieve certain headaches.

"Trigger points within the knots refer pain up and down the muscle," Mench said. "The referral paths go up into the side muscles surrounding the brain, and that's usually why people have headaches on the sides of their heads. It's usually because of knots in the shoulders, so we loosen those knots, which stop the trigger points causing the pain."

Deep tissue is like myofacial release, but works on deeper layers of muscle than myofacial.

"Some people like more pressure than what is needed for a myofacial release, so they ask for a deep tissue massage, and all it really does is add more pressure and works deeper muscles," Mench said.

A Swedish massage, which uses lotion, helps improve circulation.

"The Swedish massage is a European style, and it helps circulation by rubbing lotion on the body, increasing the blood flow toward the heart," Mench said.

Although a lot of people get massages, they rarely know which massage to get, according to Mench.

"Most people kind of leave it up to the therapists on how they want the massage," Mench said. "When they do this, it's up to the therapist to use the tools they have to help the person get the massage they want."

The center also introduced Blissful Body, where therapista makes house calls. "We do all the realms of massages, and we



File photo

Michelle Narhi, massage therapist, Semper Fit Center, gives a massage to Dwight Esias, computer technician, Marine Corps Community Services. Narhi has practiced massage therapy for nearly 22 years.



File photo

Narhi massages Esias' feet. Narhi said the key to a good massage is communicating with the client.

tend to cater toward the client's needs," said Ashlie Pattis, Blissful Body therapist. "My specialty is neck and shoulders, but I'm trained in everything."

Massage prices are \$25 for a half hour, \$45 per hour for an in-house massage and \$60 for an hour and \$75 for the one and a half hour house call massage.

To schedule a massage, call the Semper Fit Center at 257-7597.

Kingpin in training



Lance Cpl. Regina A. Ruisi

Sage Martinez, 8, bowls at K-Bay Lanes Bowling Center Wednesday. Sage is part of the Marine Corps Community Service's Fall Adventure Camp. The children in the camp made their own pizza at Papa John's Pizza on base before bowling the afternoon away.



SPOTLIGHT ON SPORTS

— SPORTS BRIEFS —

Fall Swim Lessons

All ages are welcome for swim lessons at the base pool, Oct. 16. The lessons are open to active duty, family members and DoD employees.

For more information, call Dino Leonard at 254-7655.

Women’s Beginning Golf Program

The Kaneohe Klipper Golf Course hosts a Women’s Beginning Golf Program every Saturday until Oct. 20. Participants learn basic golf skills and the ability to quickly improve. No equipment is required for the program; however, space is limited to 15 people. Register at the Kaneohe Klipper Golf Course Pro Shop.

For more information, call 386-3500.



2007 Intramural Softball Fall Standings

TEAM	WINS	LOSSES
CSSG-3	12	0
HQBN “ASP”	12	2
MALS-24	12	3
2-2	12	3
CSSG-3 “MAINT”	7	8
3RD RADIO BN	6	8
VP-47	5	8
MAG-24 “ORD”	7	11
HSL-37	4	11
VR-51	3	7

Standings as of Oct. 2



2007 Intramural Tackle Football Standings

TEAM	WINS	LOSSES
CAMP SMITH	4	0
MAG-24	3	1
CSSG-3	1	3
HQBN	0	4

Standings as of Sept. 29

Commanders Cup Bowling League 2008

Team Standings													
Place	Team Name	Points Won	Points Lost	Team Ave.	HDCP	Pins plus Handicap	Place	Team Name	Points Won	Points Lost	Team Ave.	HDCP	Pins plus Handicap
1	BANNED	16	0	623	144	9403	9	Wang Team	6½	9½	565	187	9346
2	Flaming Hookers	11	5	634	131	9430	10	4th Force Recon	6	10	590	166	9137
3	Effin'H	11	5	528	216	9173	11	Chix with Balls	6	10	479	255	8999
4	Balls of Fury	10½	5½	595	162	9346	12	The Happy Team	5	11	525	218	8946
5	The Blue Ballers	10	6	604	155	9605	13	The Untouchables	5	11	454	275	8755
6	Pin Wetters	10	6	620	143	9491	14	Silver Bullets	4	12	525	219	9241
7	Team Ramrod	10	6	566	186	9427	15	Bowling Diva's	4	12	482	252	8982
8	Big Ern's Kids	9	7	566	185	9120	16	High Rollers	4	12	526	217	8888

Results of Last Week's Bowling.....													
Lanes	Team Name	-1-	-2-	-3-	HDCP Total	Last Wk WON	Team Name	-1-	-2-	-3-	HDCP Total	Last Wk WON	
1-2	The Happy Team	779	821	820	2420	4	<--->	Silver Bullets	656	771	738	2165	0
3-4	Balls of Fury	832	778	810	2420	4	<--->	Bowling Diva's	763	696	765	2224	0
5-6	4th Force Recon	806	752	694	2252	3	<--->	Pin Wetters	781	713	712	2206	1
7-8	Flaming Hookers	761	791	790	2342	4	<--->	Chix with Balls	716	692	757	2165	0
9-10	High Rollers	724	699	708	2131	0	<--->	Big Ern's Kids	741	752	802	2295	4
11-12	Wang Team	815	809	820	2444	4	<--->	Team Ramrod	742	742	727	2211	0
13-14	Effin'H	796	734	784	2314	4	<--->	The Untouchables	786	639	695	2120	0
15-16	The Blue Ballers	750	743	762	2255	0	<--->	BANNED	764	821	824	2409	4

Last Week's High Scores for Immediate Release													
Men	Scratch Game	236	Scott Kuniyuki	230	Mark Gleason	221	Charles Owen						
		218	Steven Howell	213	Terry Smith	210	John Sunga						
		209	Jim Martin	206	Jim Martin	205	Mark Gleason						
		202	Richard Weiss	202	Terry Smith	201	Mark Gleason						
	Scratch Series	636	Mark Gleason	611	Scott Kuniyuki	592	Terry Smith						
					575	Jim Martin							
Women	Scratch Game	195	Kumi Martin	190	Kumi Martin	183	Carey Berkly						
	Scratch Series	552	Kumi Martin	521	Carey Berkly	436	Val Benedict						

Standings as of Sept. 26



Catchin’ a wave



Nick Simmons surfs Pyramid Rock Wednesday. Pyramid Rock is a popular spot for active duty, families and friends to surf, snorkel, body board and fish.

DANCE MOVEMENT — ACADEMY AND — K-BAY GYMNASTICS

Dance and Gymnastics classes are available for youth between the ages of 1 and 18.

Classes are held Monday through Saturday and encompass areas of interest such as Team Gymnastics, Cheerleading, Tumbling and Trampoline, Jazz and Tap Dancing, Hula and others.

Interested participants are offered one free trial class. Fees will vary according to class frequency and length. Call 479-3273 to arrange your free class.



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HEALTH AND WELLNESS

Understanding breast health, concerns

Press Release
Centers for Disease Control and Prevention

What are my breasts made of?
A breast is made up of three main parts: glands, ducts and connective tissue. The glands produce milk. The ducts are passages that carry milk to the nipple. The connective tissue (which consists of fibrous and fatty tissue) connects and holds everything together.

What is a normal breast?
No breast is typical. What is normal for you may not be normal for another woman. Most women say their breasts feel lumpy or uneven. The way your breasts look and feel can be affected by getting your period, having children, losing or gaining weight, and taking certain medications. Breasts also tend to change as you age.

What causes breast lumps?
Many different conditions can cause lumps in the breast, including cancer. But most breast lumps are caused by other medical conditions. The two most common causes of breast lumps are fibrocystic breast condition and cysts. Fibrocystic condition causes non-cancerous changes in the breast that can make them lumpy, tender and sore. Cysts are small fluid-filled sacs that can develop in the breast.

Tumors and breast cancer
Sometimes breast cells become abnormal. These abnormal cells grow, divide and create new cells that the body doesn't need and that don't function normally. The extra cells form a mass called a tumor. Some tumors are "benign" or not cancer. These tumors usually stay in one spot in the breast and don't cause big health problems. Other tumors are "malignant" and are cancer. Breast cancer often starts out too small to be felt. As it grows, it can spread throughout the breast or to other parts of the body. This causes serious health problems and can cause death.

How can I tell if I have breast cancer?
Most of the time, early breast cancer doesn't have any symptoms. As it grows, however, breast cancer can cause changes in how the breast looks or feels. Symptoms include:

- ♦A new lump in the breast.
- ♦A lump that has changed.
- ♦A change in the size or

shape of the breast.

- ♦Pain in the breast or nipple that doesn't go away.
- ♦Skin anywhere on the breast that is flaky, red or swollen.
- ♦A nipple that is very tender or that suddenly turns inward.
- ♦Fluid coming from the nipple when not nursing a baby.

See your health professional if you notice any of these symptoms. Most often, breast symptoms are caused by conditions other than cancer, but only your doctor can tell.

If you have a question about any breast lump, if you notice a new lump or if a lump has changed, talk with your health professional.

Is breast cancer the most common cause of death for women?
No. Although many women get breast cancer, it's not a common cause of death. Heart disease is the number one cause of death among women age 40 and above, followed by stroke, lung cancer, and lung diseases. Breast cancer is the fifth leading cause of death. Each year, about 210,000 women are diagnosed with breast cancer. Many fewer women, around 40,000 each year, die from breast cancer.

What increases my chance of getting breast cancer?
Age
The older you are, the more



likely you're to develop breast cancer. The chances of dying from breast cancer also increase as a woman gets older, but dying from breast cancer is much less common than getting breast cancer.

Family History
Having close relatives with breast cancer or ovarian cancer increases your chance of getting breast cancer.

Race
All women can get breast cancer, but Caucasian women get it more often

than Hispanic, African American, Asian or Native American women. Although medical experts don't know why, African American women are more likely to die from breast cancer than women of other racial and ethnic groups.

Having Children
Not having children, or having your first child later in life (in your 30s or 40s), increases your chance of getting breast cancer.

Certain Medications

Taking hormone replacement therapy drugs after menopause may increase your chance of getting breast cancer. Talk to your doctor about the risks and benefits for you.

Personal History
Having had cancer in one breast increases the chance of getting cancer in the other breast.

Common myths about breast cancer
You cannot get breast cancer by bumping, bruising, pinching or touching the breast. You also cannot catch breast cancer from another person.

Staying healthy and preventing cancer
Scientists are studying how best to prevent breast cancer. Staying healthy may help. To protect your overall health and to prevent many kinds of cancer:

- ♦Eat five or more servings of fruits and vegetables every day.
- ♦Get regular physical activity.
- ♦Aim for a healthy weight.
- ♦Do not have more than one alcoholic drink a day.
- ♦Do not smoke; if you do smoke, quit.

Is there a test to look for breast cancer?
Yes. A mammogram, or an x-ray picture of the breast, is used to look for breast cancer.

Why should I have a mammogram?
Regular mammograms are the best tests doctors have to find breast cancer early, sometimes up to three years before it can be felt. When their breast cancer is found early, many women go on to live long and healthy lives.

When should I get a mammogram?
Most women should have their first mammogram at 40, and then have another mammogram every one or two years. If you have any symptoms or changes in your breast, or if breast cancer runs in your family, talk to your health professional. He or she may recommend that you have mammograms earlier or more often than usual.

Where can I get a mammogram and who can I talk to if I have questions?
♦If you have a regular doctor, talk to him or her.
♦Call the National Cancer Institute's Cancer Information Service (CIS) at 1-800-4-CANCER (1-800-422-6237). For TTY: 1-800-332-8615.
♦For Medicare information, you can call 1-800 MEDICARE or visit <http://www.cms.hhs.org>.

The Centers for Disease Control and Prevention has a program called the National Breast and Cervical Cancer Early Detection Program, which works with health departments and other groups to provide low-cost or free mammograms to women who qualify.

For more information, call your health department, the numbers above or (800) 232-4636, or visit Find a local program.

HEALTH AND WELLNESS

Red flag raised for millions of children with asthma

Press Release
American Lung Association

Students with asthma soon returning to classrooms across the U.S. may face dangerous situations when needing access to lifesaving inhalers, according to an American Lung Association survey.

The online survey of parents of children with asthma examined students’ access to “quick relief” medications, the use of Asthma Action Plans, and parents’ awareness of state laws allowing students to carry and use inhalers.

Results revealed that 58.7 percent of respondents were unsure if their state has a law allowing students to carry and self-administer fast-acting, “quick relief” inhalers. In fact, 46 states and the District of Columbia require that the self-administration of asthma medication be allowed in public and private schools. An overwhelming 74.4 percent of parents whose children do have inhalers at school responded that their child’s school doesn’t allow students to keep rescue inhalers with them (in their desks, pockets, etc.). Forty percent have never heard of an Asthma Action Plan, the recommended asthma management and communication tool for parents, physicians and schools.

“The American Lung Association’s survey results send a dramatic red flag to parents of students with asthma and to school officials,” said Bernadette A. Toomey, president and chief executive officer, American Lung Association. “The breakdown in critical communication links among parents, schools and teachers means some children face situations at school that can lead to medical emergencies. They must have immediate access to lifesaving medications.”

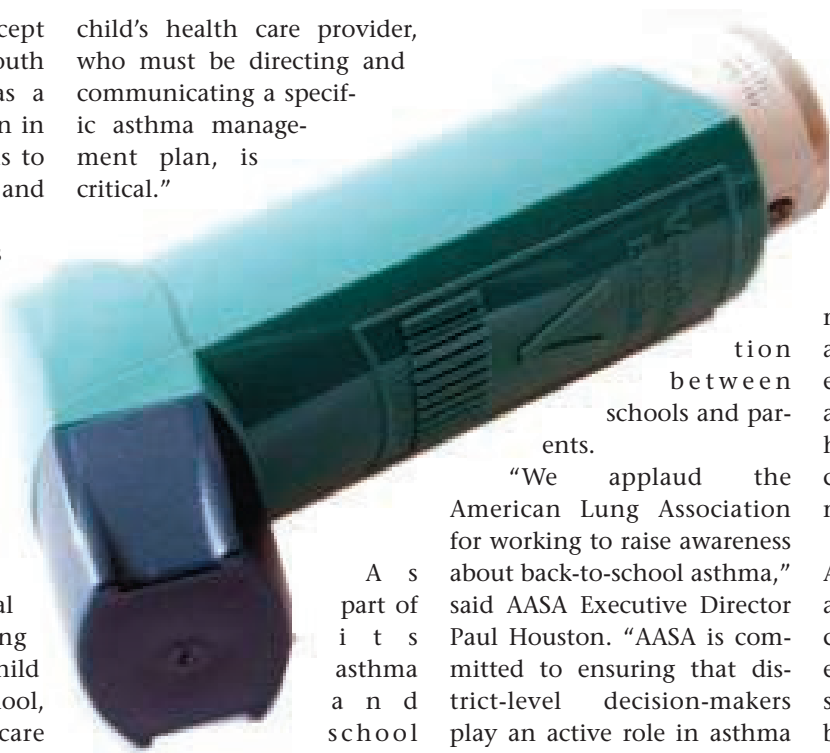
Access to “quick-relief” or “rescue” medications is critical for people with asthma, as these medications immediately open the airways during an asthma attack. The longer it takes to administer quick-relief medications, the more severe the asthma attack may become. More than 6.5-million American children under age 18 have asthma.

Nearly 22 percent of respondents indicated that their children may not have immediate access to their life-saving inhalers during an attack. Those respondents indicated that if their children have trouble with asthma symptoms during the school day, the school calls a parent or caregiver who brings quick-relief medicine to the child; the child doesn’t get their rescue medicine until they get home from school; or the school calls an ambulance.

Every state except Connecticut, Louisiana, South Dakota and Vermont has a statewide law or regulation in place that requires schools to allow students to carry and use asthma inhalers.

“If a state law does exist, that doesn’t mean that all children with asthma should be carrying and giving themselves medication, but the American Lung Association wants as many students as possible to carry their rescue medications,” said Dr. Norman H. Edelman, chief medical officer, American Lung Association. “For each child and each situation, the school, parents, and healthcare provider together must evaluate many factors. They need to consider the student’s maturity level, understanding of their symptoms and when they need medication, and their willingness to follow the school’s policies about carrying your own medication. That relationship among the family, school officials and the

child’s health care provider, who must be directing and communicating a specific asthma management plan, is critical.”



As part of its asthma and school health programs, the ALA partnered with the American Association of School Administrators to build the capacity of local community coalitions and education agencies addressing asthma’s impact.

Both agencies focus efforts on strengthening communica-

tion between schools and parents.

“We applaud the American Lung Association for working to raise awareness about back-to-school asthma,” said AASA Executive Director Paul Houston. “AASA is committed to ensuring that district-level decision-makers play an active role in asthma management, and we are committed to increasing the capacity of these leaders to work with parents to provide the safest learning environment for their children.”

The National Heart, Lung and Blood Institute’s National Asthma Education and Prevention Program recommends that written action

plans be created as part of an overall effort to educate patients in self-management.

Schools play pivotal roles in students’ asthma management by providing an asthma-friendly school environment, communicating with parents about students’ specific health experiences while at school, and facilitating referrals to healthcare providers and other community resources when necessary.

“The survey results help the American Lung Association and our school, medical, and community partners focus our efforts to increase parents’ and school officials’ abilities to best manage students’ asthma,” Toomey said. “It is a shared responsibility. Parents must be sure that children who have prescribed rescue inhalers have them at school. Physicians must provide written plans for schools and parents. And schools must communicate clearly with parents and follow state law and local policies to ensure that stu-

dents have immediate access to lifesaving medications.”

Tips for parents of children with asthma, as well as resources for schools and healthcare providers, are available at www.lungusa.org or by calling 1-800-LUNG-USA.

About the American Lung Association

Beginning our second century, the American Lung Association is the leading organization working to prevent lung disease and promote lung health.

Lung disease death rates continue to increase while other leading causes of death have declined.

The American Lung Association funds vital research on the causes of and treatments for lung disease. With the generous support of the public, the American Lung Association is “Improving life, one breath at a time.”

For more information about the American Lung Association or to support the work it does, call (800) 586-4872 or log on to <https://www.lungusa.org>.

American Heart Association

Fighting Heart Disease and Stroke

ONE OF THESE CAN CHANGE A THOUSAND LIVES.

SUPPORT MEDICAL RESEARCH.



Cal Lopes, Raiders' quarterback, scrambles away from a defender and sets up for the throw at an Intramural Tackle Football League game at Camp Smith's Bordelon Field, Sept. 26.

FOOTBALL, from C-1

the second quarter, and kicked the ball in for three, giving them the lead, 3-0, going into the half.

“This is a big difference from our last game,” said Mauricio Gonzalez, Warriors’ defensive coach. “They didn’t even see it coming.”

Carson Peapealalo, Raiders’ head coach, said his offense needed to make better judg-

ment calls on the field.

Moving into the second half, James Dorsey, Raiders’ receiver, scored the first touchdown of the game for the Raiders after he returned the third quarter kick off for more than 80 yards.

The extra point following the touchdown left the score 7-3, Raiders lead.

Dorsey ran in another touchdown followed by a shocking interception made by Red Allen, Raiders’ cornerback, for another

touchdown in the beginning of the final quarter, leaving the score 19-3.

The Warriors fought to get points on the board as the clock ran down, but failed to make any completions during their series of downs.

With 28 seconds left on the clock and the Raiders in possession, Cal Lopes, Raiders’ quarterback, took a knee on the first play to let the clock run down, giving them the win, 19-3.

“We did a good job; we just have to work more,” Wallace said. “We put our heads down and started playing trail football.”

On the other side of the field, Carson congratulated his team on the win and the comeback after the half.

With the season halfway over, the Raiders remain undefeated with a record of 4-0, while the Warriors remain winless with a record of 0-4.

FATIGUE, from C-1

ing. According to the AAA, drivers who stay awake for 17 hours show the same kind of symptoms as a person with a blood-alcohol level of .05. After 24 hours of sustained wakefulness, performance is equal to a blood-alcohol level of .10, which is considered legally drunk in all 50 states.

How to Stay Alert

When liberty call sounds, the temptation to get behind the wheel is great. If you’re tired, though, it’s much better and safer to get some rest before heading out. But if you have to drive while tired, here are some tips to keep you alert.

- ♦ Avoid taking medication, such as cold remedies, that make you drowsy.
- ♦ Sip a drink containing caffeine, such as coffee or cola. The caffeine will only act for a short time, though, and you may become drowsy very quickly when it wears off. If you’re seriously sleep deprived, you may still suffer from micro-sleep, with deadly results.
- ♦ Pull off to the side of the road and stop when you feel tired. Go to a rest area, well-lit exit or gas station. Take a short catnap if necessary.
- ♦ Do some stretching exercises to stimulate blood flow to your brain and relax your muscles.
- ♦ Continually scan your surroundings. Check your mirrors often. Staring at one spot can hypnotize you into sleep.
- ♦ Keep the temperature in the car cool. Warm air can cause you to fall asleep easier.
- ♦ Open a window for fresh air.
- ♦ Strike up a conversation with a passenger. Music or conversation can help you stay alert.
- ♦ Become aware of your biological clock. Typically, there are two times of day you are most likely to feel sleepy. One is the "afternoon lull," from 2 p.m. to 5 p.m. The other is the early morning, from 2 a.m. to 6 a.m.

While these tips may help you in the short term, the best advice about driving tired is — don't.

Grief is a natural healer

Deborah Moore
LIFELines

When a loved one dies, people's feelings boil over in the form of anger, frustration, confusion, regret, helplessness and hopelessness. Many people are not prepared for the loss of a friend or a loved one or for the process of grieving. To understand the cycle of loss, you should realize grieving is natural, and it helps us heal emotionally.

People go through grief in their own way, adjusting to the significant changes and loss caused by a death. If you lose someone close, begin the grieving process by doing only the things that are meaningful and important to you and your family.

What to Expect

Grief may be expressed physically or emotionally and may have some of the same symptoms as clinical depression. Try not to drug yourself — others may try to ease your pain by giving you pills and tranquilizers. This only takes away the sharp ache — it leaves the dull pain for a longer time. If you need medical or psychological assistance, seek professional help. Don't self-medicate or turn to alcohol. Call your local Fleet and Family Support Center for information and referral help call ChaplainCare at 1-877-4-1-TOUCH (86824) or checkout the Grief-Recovery Hot Line at 1-818-907-9600.818-907-9600

Grief has different stages. For example, some people experience disbelief immediately following a death. You may think, "This isn't really happening to me." You may forget from time to time that the loved one is really gone. You might expect to see your lost family member or friend walking through the door or sitting in a favorite chair.

The funeral helps bring closure and, in many cases, brings the surviving family and friends closer together. During this time, talk about death and share your feelings with others. This is a good opportunity to express any anger, guilt or frustration. Encourage people to talk about the person who has passed away. You should talk about the fond memories and special experiences, as well as how much the deceased will be missed. Remember, communicating your feelings with others helps with the pain.

After the funeral, don’t withdraw — you’ll need others.

Tell people your needs and surround yourself with love and care. When friends and family have gone, reality begins to set in. Take one day at a time. During this phase, people generally become angry and think about the "what ifs." Many people go over and over different scenarios in their heads. "What if I had called the doctor earlier?" Or "I should have told her how I felt." Or "I wish I had done this differently." Don’t condemn yourself. "If onlys" just slow the process of getting yourself back in balance.

Take Time to Heal

You may need to make important decisions about the future. Focusing on them may seem too difficult. Don't make major decisions when you’re off balance. Try not to anticipate problems — give yourself plenty of time to get your perspective back before making life decisions that’ll affect your future and your family's. Don't run away — friends and family may suggest a long trip as a healing technique, but, in reality, that's just packing your emotions and loss into a suitcase. The best place for readjustment is at home.

One of the many clichés you hear when someone has died is that time is a great healer. This is true, but remember, the grieving process has no fixed time limit. People who are grieving should pace themselves. People heal in their own way and in their own time. There is no beginning or ending date when dealing with a loss.

When people say "Come on, snap out of it," let them know that you still need time to grieve. Assure them that you’ll get better, but perhaps not in their particular manner or time frame. Eventually, life will once again become normal and routine, although it will probably never be the



File photo

same as it was before the death.

Over time, you will still grieve and miss your loved one, but you will get better. One day you will wake up and forget to grieve, forget to cry, and instead, you'll realize that things will be okay.



Joe Vistaville, Fleet Logistics Squadron 51 Wind Jammers’ player, runs home after his teammate hit the ball into the outfield. The Wind Jammers won the game 20-1 in an Intramural Softball League regular season game Tuesday.

SOFTBALL, from C-1

defensive might, and the game went into its second quarter. Batters for the Wind Jammers quickly started where they left off by scoring five more runs and once

again kept the EasyRiders from scoring. Brandon Sanderson, EasyRiders’ player, finally got his team on the scoreboard by diving onto home plate. The EasyRiders were unable to capitalize on their

small amount of momentum, and fell to the defense of the Wind Jammers, while the Jammers continued to score. The Wind Jammers picked up their third victory of the season. Although the scores told

the story of the game, Wise believes it’s not all about the game, but about having fun. “We had a lot of fun out here,” Wise said. “It was a good game with good teams, and these games help build camaraderie among the units.”

TRENDS, from C-1

African Americans are disproportionately exposed to hazardous air pollution. One study found that in 2002, 71 percent of African Americans lived in counties that violated federal air pollution standards, compared to 58 percent of the Caucasian population. Another reported found that in 2004 more than 19 million (50 percent) of Hispanics lived in areas that violated the federal air pollution standard for ozone, one of the major triggers of asthma attacks. Asthma statistics present a striking example of disparity. While it is prevalent among all populations, Puerto Ricans living in the U.S. and inner-city African Americans have the highest prevalence of asthma. Occupational asthma is the most prevalent occupational lung disease in the U.S., and Hispanics are more likely to be employed in high-risk occupations than any other racial or ethnic group, setting the stage for those Hispanic individuals to be overexposed to respiratory hazards. “This publication serves as a call to action to legislators and community leaders to fight for stricter air pollution standards,” said Dr. Hugo Alvarez, deputy medical officer and UM/QI associate medical director, Access Community Health Network. “The disparities in lung health continue to drive the American Lung Association’s ongoing work to educate these communities about lung disease, invest in research and advocate for increased access to quality health care for all.”

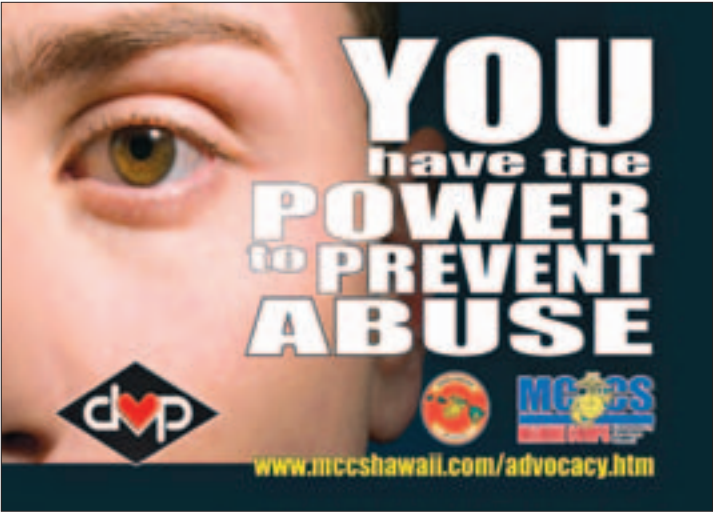
The American Lung Association State of Lung Disease in Diverse Communities 2007, which presents analyses of data from various surveys and reports across many ethnic and racial groups, illustrates African Americans’ particular vulnerability to lung cancer, COPD, sleep disorders, tuberculosis and HIV/AIDS. While the spikes in some disease rates may be linked to cigarette smoking and occupational exposures, other findings shed light on genetic and socioeconomic factors. African Americans are less likely to develop or die from COPD, yet they have more emergency room visits and similar disease severity compared to Caucasians who have smoked cigarettes over a longer period of time and are heavier smokers.

“The American Lung Association prides itself on being the most powerful enemy of lung disease that we can be, particularly for vulnerable individuals,” said Dr. Leroy Graham, partner with the Georgia Pediatric Pulmonology Associates. “Part of that fight involves taking a hard look at who is most affected by lung diseases, and creating stronger connections with diverse populations so that our education, advocacy and research are as effective as possible.”

For more information about lung disease, visit www.lungusa.org or call (800) 586-4872.

About the American Lung Association

Beginning our second century, the American Lung Association is the leading organization working to prevent lung disease and promote lung health. Lung disease death rates continue to increase while other leading causes of death have declined. The American Lung Association funds vital research on the causes of and treatments for lung disease. With the generous support of the public, the American Lung Association is “Improving life, one breath at a time.” For more information about the American Lung Association or to support the work it does, call (800) 586-4872 or log on to <https://www.lungusa.org>.



AROUND THE CORPS

UFC's Rich Franklin visits Camp Lejeune

**Story and Photo by
Cpl. Chris Lyttle**

11 Marine Expeditionary Force

MARINE CORPS BASE CAMP LEJEUNE, N.C. — A warrior from Ultimate Fighting Championship’s famous octagon paid a friendly visit to battlefield warriors here Sept. 22.

Marines and Sailors of the Wounded Warrior Barracks, Wounded Warrior Battalion-East, Wounded Warrior Regiment, had a meet-and-greet with the UFC’s former middleweight champion Rich “Ace” Franklin, as he dropped in for a sit-down conversation and signed autographs for fans.

Although Franklin made a previous tour visiting Army medical facilities in Iraq, his entourage still tried to mentally prepare him to see combat-wounded service members.

“I was expecting it to be a simple kind of visit,” Franklin said. “Coming into a place like this, seeing [service members] injured in the line of duty ... It just reminds you — The freedom we have comes at a price.”

Franklin coolly entered the room and immediately approached individuals with handshakes. Everyone gathered around and took part in an hour-long exchange about the lifestyles of professional fighters and professional war fighters.

Captain Ray Baronie, executive officer of the battalion, explained Wounded Warrior Battalion’s overall mission to Franklin.

The barracks is a place for healing, Baronie said. The overall mission is to get the Marines back into their units to redeploy, which is what most of them want to do, or transition them back into civilian life.

“It is [a rough transition], but we try to make it as painless as possible,” Baronie added. “We’ve got a lot of organizations out there willing to hire up Marines if they can’t continue their service.”

The rest of the conversations were laid back, as if Franklin and the wounded warriors were old friends. Some very random topics came about as a result of putting fighters of different gen-

res in a room together.

“So, how much of The Ultimate Fighter reality show is reality?” asked Chief Petty Officer Cary Town, the senior medical department representative for the battalion, about the television show Franklin appeared on as a team coach.

“Reality isn’t always reality,” Franklin responded. “The drama in the house is real ... To keep my team functioning properly, the first thing I was going to do was come in and talk to my team about staying focused and not creating trouble in the house,” he added, referring to fighters who had quarrels with other team members.

“The producers of the show know this, so what they do is keep the coaches from finding out since coaches aren’t staying in the house with the guys. All that drama

is what [producers] want.”

Franklin said another stress factor for the fighters on the show included the restriction of books, television and video games, but allowing that reliable drama-inducer, alcohol. All these ingredients, added with the fighters trying to achieve a goal, made their experience naturally difficult.

“Imagine if we were to stay in a house together for six weeks,” Franklin said. “We would drive each other insane with nothing to do.”

“Sounds like Parris Island,” one of the Marines cracked.

The Marines also inquired about any challengers Franklin ever encountered outside the octagon, such as at a bar or a club.

“No, I’ll talk my way out of pretty much anything anyway — I don’t fight for free,” Franklin said, followed by an

eruption of laughter in the room. “You don’t see heart surgeons stopping on the side of the road performing surgeries. Fighting is my business, and I get to punch people enough, you know.”

“If I get upset with someone at a club, I’ll just wait until the next day – I’m sure I’ve got a sparring session in the morning,” Franklin added.

“Well, I feel sorry for that guy,” another Marine joked.

Despite his fame and abilities, he still possesses a humble, approachable demeanor that put him on the same level with the wounded service members he took time to see.

“It’s nice to see a celebrity like that making time [for the Marines] with no monetary amount involved,” Town said about Franklin’s trip here. “He came by because he wanted to do it, and that was really nice.”



Captain Ray Baronie (left), executive officer, Wounded Warrior Barracks, Wounded Warrior Battalion-East, Wounded Warrior Regiment, talks to the Ultimate Fighting Championship’s Rich Franklin, who visited the Marines and Sailors here Sept. 22.

Whether Franklin felt it was a way of giving back or just being one of the guys here, his last stop took him to the recreation center at Camp Lejeune’s mainside, where some of the wound-

ed warriors followed him.

There, he spent the rest of his visit doing what fans do, as he blended in at the crowded recreation center with the Marines and watched the UFC pay-per-view match.